

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588987

FILING DATE

APPLICANT(S)

Art 34

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3	1		1		1	
4		2		2		1
5	2		2		1	
6	2		2		1	
7	2		2		1	
8	2		2		1	
9	2		2		1	
10	1		1		1	
11	2		3		1	
12	①		①		1	
13	①		①		1	
14	1		1		1	
15	1		1		1	
16	1		1		1	
17	3		3		1	
18	1		1		1	
19	1		1		1	
20	①		①		1	
21	1		1		1	
22		1		1	1	
23			1		1	
24			2		1	
25			①		1	
26			①		1	
27			①		1	
28			①		1	
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TOTAL IND.	3	↓	4	↓	4	↓
TOTAL DEP.	27	←	34	←	24	←
TOTAL CLAIMS	30	[REDACTED]	38	[REDACTED]	28	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]